

# Sarpy County

## Medical Benefit Analysis

Williams-Deras & Associates

Effective Date January 1, 2017

<b>CY 2017 Partial Self Fund</b>		
BC/BS of Nebraska		
PPO		
BENEFIT OVERVIEW	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$500	\$9,000
Family	\$1,000	\$18,000
Coinsurance	70% / 30%	50% / 50%
<b>Out of Pocket Maximum</b>		
Single (includes the deductible)	\$4,000	\$11,900
Family (includes the deductible)	\$8,000	\$23,800
BENEFIT HIGHLIGHTS		
<u>Physician Visit</u>	\$30 Copayment per visit \$75 Copayment for Specialist	Deductible then 50% Deductible then 50%
<u>Preventive Services</u>	Plan Pays 100%	Deductible then 50%
ADULT	Plan Pays 100%	Deductible then 50%
CHILD/BABY		Deductible then 50%
Emergency Room Urgent Care Center	\$250 Copayment per visit then 30% \$45 Copayment per visit	\$250 Copayment per visit then 30% Deductible then 50%
<u>Hospital Services</u>	Deductible then 30%	Deductible then 50%
Inpatient	Deductible then 30%	Deductible then 50%
Outpatient	Deductible then 30%	Deductible then 50%
Maternity	Deductible then 30%	Deductible then 50%
Prescription Drugs	<b>\$100 Deductible / 2 Per Family then</b> Tier 1 --- \$10.00 Tier 2 --- \$40.00 Tier 3 --- \$75.00 Specialty --- \$100.00	<b>\$100 Deductible / 2 Per Family then</b> Tier 1 --- \$10.00 + 25% Tier 2 --- \$40.00 + 25% Tier 3 --- \$75.00 + 25% Specialty --- Not Covered
Overall Lifetime Maximum	UNLIMITED	

**NOTE:**

1) This is a summary of benefits provided by the plans. Refer to the carrier's descriptive material for a full discussion of benefits and rates.